2003-0844.02

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid CMB control number.

DECLARATION FOR UTILITY OR

Attorney Docket Number

DESIGN	First Name	Cyrus	B. Clarke			
PATENT APPLICATION	N	COMPLETE IF	KNOWN			
(37 CFR 1.63)	Application	Number				
	Filing Date	,				
X Declaration Declaration Submitted OR Submittee	ed after Initial					
With Initial Filing (su	archarge Art Unit					
Filing (37 CFR required)	1.16 (e)) Examiner	Name				
I hereby declare that:						
Each inventor's residence, mailing address, an	nd citizenship are as stated b	elow next to their name.				
I believe the inventor(s) named below to be the which a patent is sought on the invention entitle) of the subject matter w	hich is claimed and for			
Algorithms And Methods For Deter		cess Direction Posit	ion Errors From Data			
	Stored On A Printhe					
· · · · · · · · · · · · · · · · · · ·	(Title of the Invention)					
the specification of which						
X is attached hereto						
OR						
was filed on (MM/DD/YYYY)	as Un	ited States Application N	Number or PCT International			
Application Number	and was amended on (MM/	DD/YYYY)	(if applicable).			
I hereby state that I have reviewed and unders	stand the contents of the abo	ve identified specificatio	n, including the claims, as			
amended by any amendment specifically refer						
I acknowledge the duty to disclose information	on which is material to pat	entability as defined in	37 CFR 1.56, including for			
continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under	35 U.S.C. 119(a)-(d) or (f)	or 365(b) of any forei	gn application(s) for patent,			
Inventor's or plant breeder's rights certificate(s	inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign					
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?			
Number(s) Country	(MM/DD/YYYY)	Not Claimed	Yes No			

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

PTO/SB/01 (08-03)
Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

				-				
Direct all correspondence to:	X Customer Number	2	1972		OR		Corresp	oondence address below
Name								
Address								
,								
City			State					ZIP
Country	Telepho	ne			Fax		•	
I hereby declare that all statem	nents made herein of my	own know	ledge	are true	and	that all	stateme	ents made on information
and belief are believed to be tro								
and the like so made are pur statements may jeopardize the						U.S.C.	iuu i an	ig that such willful laise
								-
NAME OF SOLE OR FIRST IN	IVENTOR:	<u> </u> A p	etition				s unsign	ned inventor
Given Name (first and middle [if any])					amily [·] Surn	Name ame		
Cyru	s B.				Oum		Clarke	
Inventor's	0							Date / /
Signature Thus D	, Vanke							3/24/04
Residence: City	State		Coun	try			Citizer	nship
Lexington	KY		V					U.S.
Mailing Address								
4765 Agape Dr.								
City	State			ZIP				Country
Lexington	KY				40	514		U.S.A.
Dexington	1,1		T		- 10	J17		O.D.11.
NAME OF SECOND INVENTO)R:						n filed f	or this unsigned inventor
Given Name (first and middle [if any])			Family Name or Surname					
Inon	nas A.			UI UI	Suma	F	<u>ields</u>	
Inventor's Signature	A. Fiells							Date
Residence: City	/-l. Tields State		Coun	tne			Citizer	3/24/2004
			Coun	uy			Citizer	,
Winchester Mailing Address	KY							U.S.
149 Teal Lane								
City	State		1	ZIP			Count	rv
,							Journa	• •
Winchester	KY			4	0391	l		U.S.A.
X Additional inventors or a legal re	presentative are being named o	n the 1 s	uppleme	ntal shee	t(s) PT	O/SB/02A	or 02LR a	ittached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

DECLARATION Supplemental Sheet Page of A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle (if any) Allen P. Johnson Inventor's Signature Residence: City Lexington State KY Country Citizenship U.S Mailing Address 1988 Blackhorse Lane Mailing Address Zip 40503 City Lexington State KY Country U.S.A. Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname Christopher D Jones Date 3/24/04 inventor's Signature 4 State KY Citizenship U.S. Residence: City Georgetown Country Mailing Address 991 Crumbaugh Rd. Mailing Address City Georgetown State KY Zip 40324 Country U.S.A Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address Mailing Address

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

State

Zip

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Cyrus B. Clarke
Title Algorithms And Methods For Determ	nining Laser Beam Process Direction Position Errors From Data Stored On A Printhead
Art Unit	
Examiner Name	
Attorney Docket Number	2003-0844.02

I hereby appoint:			<u> </u>
Thereby appoint.			
X Practitioners associated with the Customer Number:	21972		
OR			
Practitioner(s) named below:			
Name		Registration	Number
			•
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transa	act all business	in the United States Patent and
Please recognize or change the correspondence address for	the above-identified application	n to:	
The address associated with the above-mentioned Cus	stomer Number.		
OR			
The address associated with Customer Number:			
OR			
Firm or Individual Name			
Address			
Address			
City	State		Zip
Country Telephone	Fax		
I am the:	1 un		
X Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFF	R 3.71.		
Statement under 37 CFR 3.73(b) is enclosed. (Form			
SIGNATURE of	Applicant or Assignee of Re	ecord	
Name Thomas A. Fields			
Signature Thomas A. Fills			
Date 3-24-2004		Telephone	859-232-5185
NOTE: Signatures of all the inventors or assignees of record of the enti- forms if more than one signature is required, see below.	ire interest or their representative(s	s) are required. S	ubmit multiple
X *Total of 4 forms are submitted.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		
First Named Inventor	Cyrus B. Clarke	
Title	See 1 in Addendum	
Art Unit		· · ·
Examiner Name		
Attorney Docket Number	2003-0844.02	

I hereby appoint:						
X Practitioners associated with the Customer Number:	21972					
OR						
Practitioner(s) named below:						
Name	Name Registration Number					
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transact all business in the United States Patent and					
Please recognize or change the correspondence address for The address associated with the above-mentioned Cu- OR The address associated with Customer Number:						
OR						
Firm or Individual Name						
Address . Address						
City	State Zip					
Country						
Telephone	Fax					
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form						
SIGNATURE of	Applicant or Assignee of Record					
Name Cyrus B. Clarke						
Signature Cyme B. Clarke	171111111111111111111111111111111111111					
Date / 3/24/04	Telephone 859-232-307(
NOTE: Signatures of all the inventors or assignees of record of the entering forms if more than one signature is required, see below*.	tire interest or their representative(s) are required. Submit multiple					
X *Total of 4 forms are submitted.						

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number		
Filing Date		
First Named Inventor	Cyrus B. Clarke	
Title	See 1 in Addendum	
Art Unit		
Examiner Name		
Attorney Docket Number	2003-0844.02	

I here	by appoint:					_	
X	Practitioners associated	with the Customer Number:		21972			
	OR						
	Practitioner(s) named be	low:					
	Name Registration Numbe					Number	
as my Trade	our attorney(s) or agent(s	s) to prosecute the application erewith.	identified above,	and to trans	sact all business in	n the Un	ited States Patent and
Pleas	e recognize or change the	e correspondence address for	the above-identif	ied application	on to:		
		with the above-mentioned Cus		•••			
o	R						
	The address associated	with Customer Number:					
0	R	The second secon	Comment Comment of Maryland Comment	an an an adain services are considerations			
	Firm or Individual Name						
	Address Address						
	City			State		Zip	
	Country			State		Zip	<u> </u>
	Telephone			Fax			110 2 1 2020
l am	the:						
X	Applicant/Inventor.						
	Assignee of record of t Statement under 37 C	he entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. n <i>PTO/SB/96)</i> .				
		SIGNATURE of	Applicant or A	ssignee of I	Record		
Name	Allen P. Johns	OR.					
Signa	ueu.	Johnus					
Date	3/24/	64	The same of the sa	Market and Apparent and a second	Telephone	2	32-5125
NOTE: forms i	Signatures of all the inventors f more than one signature is r	s or assignees of record of the ent required, see below*.	tire interest or their i	representative	(s) are required. Sub	bmit multi	ple
X	*Total of4	forms are submitted.					

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	Cyrus B. Clarke
Title	See 1 in Addendum
Art Unit	
Examiner Name	
Attorney Docket Number	2003-0844.02

I herei	by appoint:					
X	Practitioners associated	with the Customer Number:		21972		
. 0)R					<u></u>
	Practitioner(s) named be	low:				
	Name Registration Number					Number
as my. Tradei	/our attorney(s) or agent(s mark Office connected the	s) to prosecute the application erewith.	identified above,	and to trans	sact all business	in the United States Patent and
	•	correspondence address for with the above-mentioned Cus		ed application	on to:	
	The address associated	with Customer Number:				
0	R	The state of the s				
	Firm or Individual Name					
	Address					
	Address					1 =: 1
	Country			State		Zip
	Telephone			Fax	•••	
I am 1	The state of the s			, ax		
X	Applicant/Inventor.					
	Assignee of record of t Statement under 37 C	he entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form	R 3.71. n <i>PTO/SB/</i> 96).			
		Park Colonia Assessment Colonia (Colonia Colonia) - Colonia Colonia (Colonia Colonia C	Applicant or As	signee of i	Record	
Name	Christopher D	Jones			A TOP OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE P	
Signat		6. Jord		*		
Date	3/24/04				Telephone	859-232-5701
	Signatures of all the inventors more than one signature is r	s or assignees of record of the ent equired, see below*.	ire interest or their re	epresentative	(s) are required. So	ubmit multiple
X	*Total of4	forms are submitted.			,	

Addendum

1.	Algorithms And Methods For Determining Laser Beam Process Direction Position Er	rors
	From Data Stored On A Printhead	